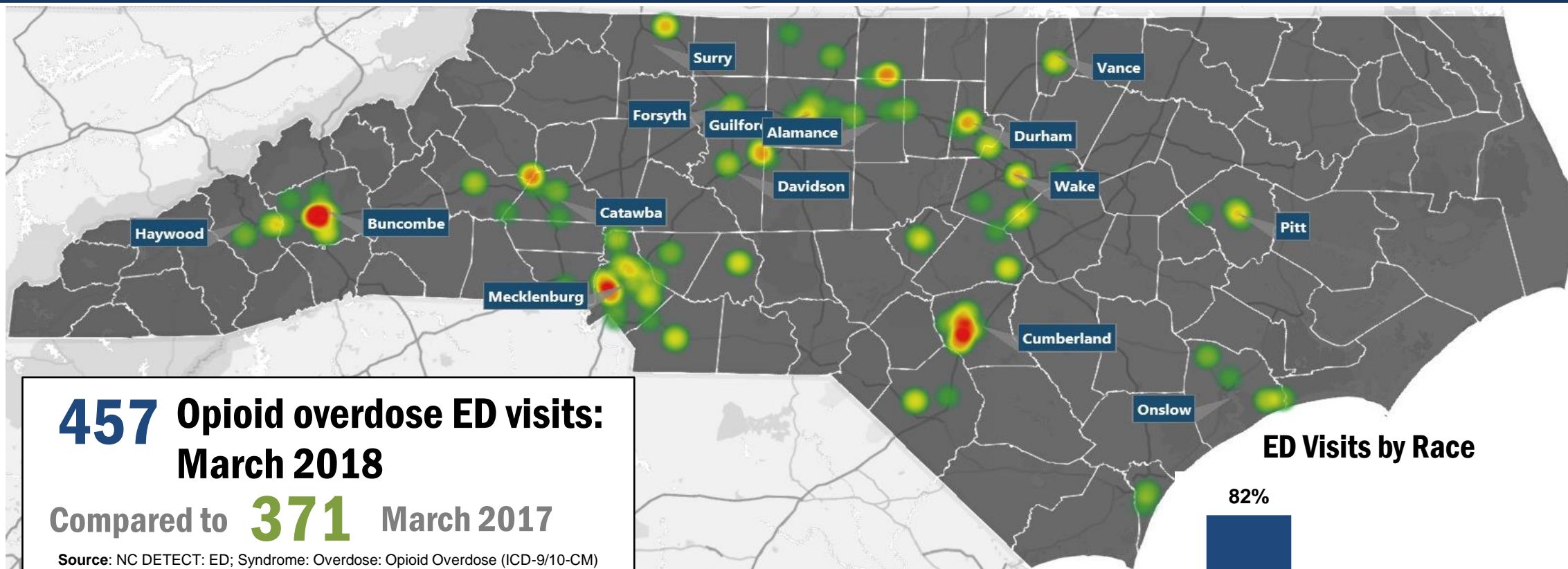


# Opioid Overdose Emergency Department Visits: North Carolina, March 2018



**457** Opioid overdose ED visits:  
March 2018

Compared to **371** March 2017

Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

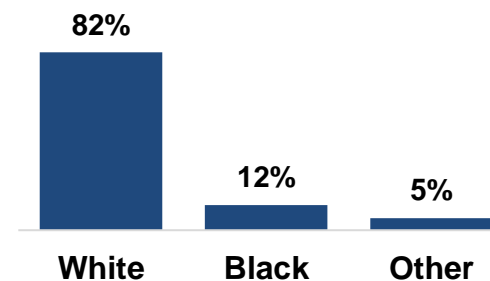
The highest concentration of cases occurred in:

**Mecklenburg, Buncombe, Cumberland, Guilford, and Wake counties.**

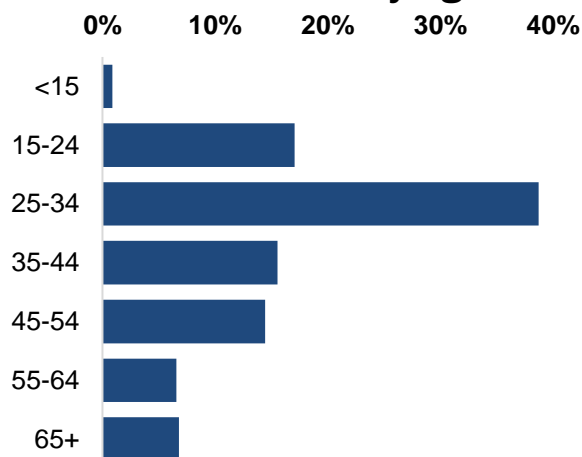
The highest rates occurred in:

**Haywood (16.5 per 100,000 residents), and Buncombe (12.9 per 100,000 residents) counties.**

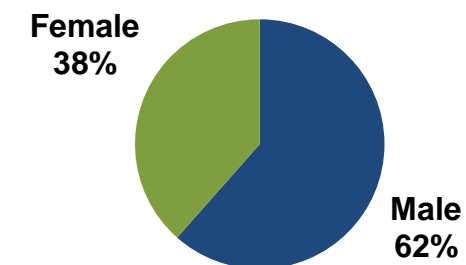
**ED Visits by Race**



**ED Visits by Age**



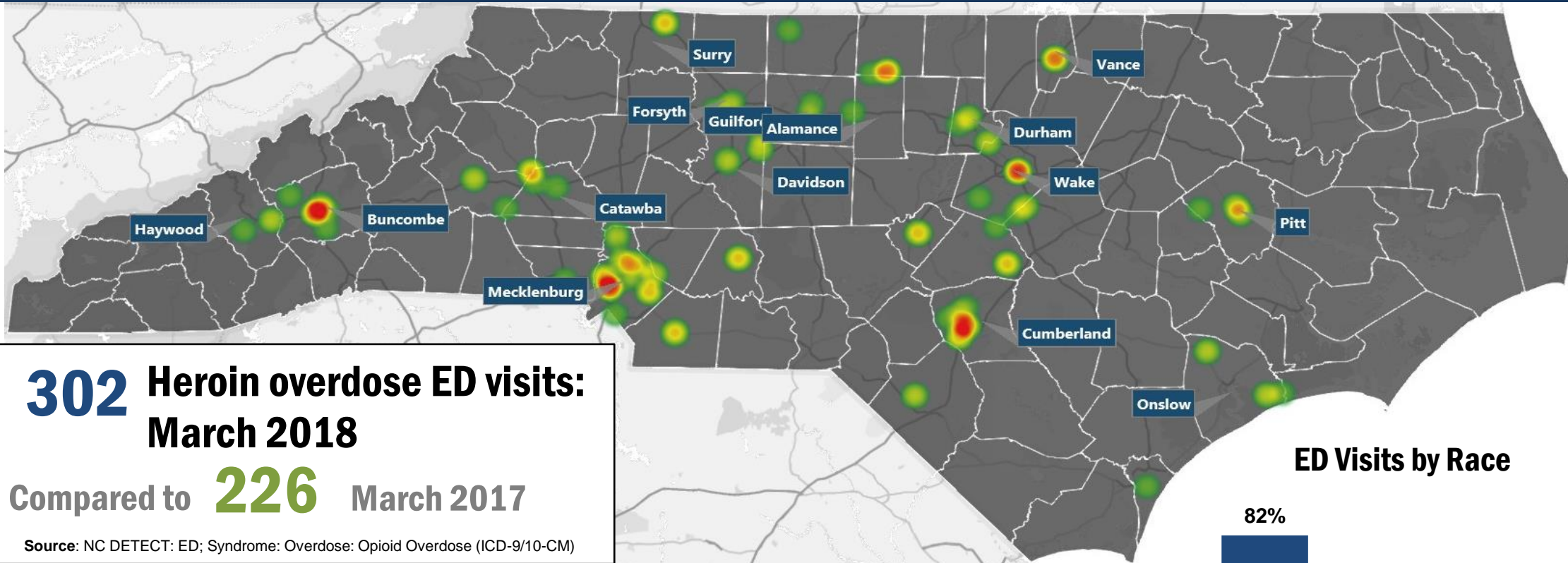
**ED Visits by Gender**



**Note:** Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics. \*Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning



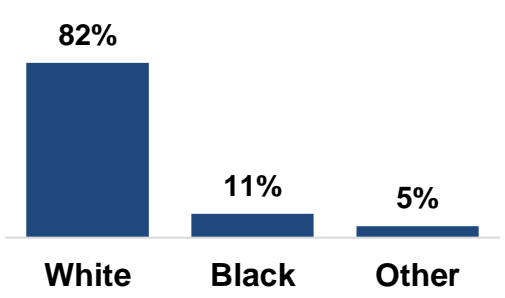
# Heroin Overdose Emergency Department Visits: North Carolina, March 2018



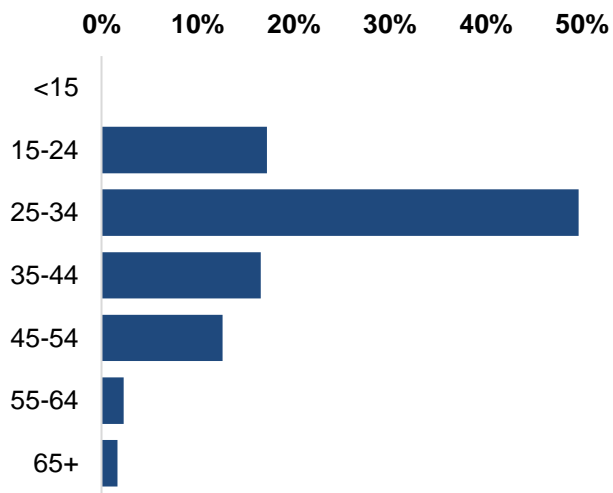
The highest concentration of cases occurred in:  
**Mecklenburg, Wake, Buncombe, Cumberland, and Catawba counties.**

The highest rates occurred in:  
**Catawba (7.7 per 100,000 residents), and Buncombe (7 per 100,000 residents) counties.**

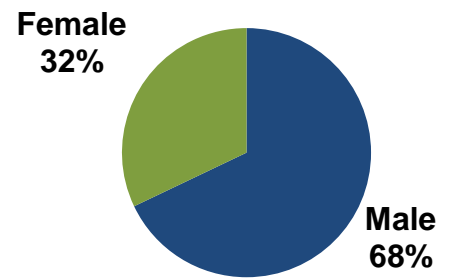
**ED Visits by Race**



**ED Visits by Age**



**ED Visits by Gender**



**Note:** Counts based on diagnosis (ICD-9/10-CM code) of a heroin overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. \*Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.

